

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

Permit No.

98832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, 25 March 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Minerva Howard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland USA

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } 23 S. Fulton Ave

Cause of Death, { First, (Primary.) Cardiac + general atheroma. Second, (Immediate.) Cardiac Failure

Duration of Last Sickness, 2 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, March 28

B. Leonard M.D.,  
Medical Attendant.

Undertaker, J.B. Cook

Place of Business, 7003 W. Baltimore

Address, 313 N. Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore, 16

Permit No. 98833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 24. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm James Miller

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 18 Years, 10 Months,    Days.

Color, African

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Day laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queen Anne's Co. Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } 335 Dawson alley

Cause of Death, { First, (Primary) Pneumonia  
Second, (Immediate), Pulmonary Haemorrhage

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 26/87 William B. Caulfield M. D.

Undertaker, Geo. E. Brown

Medical Attendant

Place of Business, Health Office Address, 1010 North Charles St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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# Health Department, City of Baltimore.

Permit No. 98834 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 23<sup>rd</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Griffin

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 35 Years, — Months, — Days

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give Street and Number. } 21 Church St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonal  
Genl Debility

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, March 27<sup>th</sup> 1889

Undertaker, Emil W Chase

Place of Business, 641 E Howard St Address, 301 Warren St

H B Noble M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98835 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH. a

Date of Death, March, 25th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine D. Phoebe

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 2 Years, 3 Months, ✓ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } - - -

Occupation, - - -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, - - -

Place of Death, { Give Street and Number. } 1631 E. Eager

Cause of Death, { First (Primary), Second (Immediate), } Acute Catarrhitis  
Pericarditis

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27th

Undertaker, Geoffrelling

Place of Business, Ashtland Square

M. B. Billings M. D.  
Medical Assendant.

Address, 1206 E. Prust St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98836 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Thornton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland. A.A. Co.

Duration of Residence in the City of Baltimore, Some years

Place of Death, { Give Street and Number. } 410 Pearl

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, A.A. Co. Md.

Date of Burial, March 27<sup>th</sup> 1887

{ Undertaker, Mr. Weaver. } W. F. A. Kemp M. D. Medical Attendant.

{ Place of Business, #738 N. Eutan. Address, 305 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Keepers of Cemeteries in City of Baltimore will make returns of all

No. 98837

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98837 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar 24th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hoffman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days

Color, white

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bar Tender

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 536 McMechin St.

Cause of Death, { First (Primary), Pulmonary Phthisis  
Second (Immediate), Asthenia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mar 27th 1887

Undertaker, J E Mayhew & Co

Place of Business, 1408 Genl Ave Address, 639 Franklin St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, as far as and date of death.



# Health Department, City of Baltimore.

Permit No. 98838 Office of Registrar of Vital Statistics. Ward 8<sup>2</sup>/<sub>9</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Elizabeth Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, 7 Months, 2 Days

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, { Give Street and Number. }

1704 Carter Alley

Cause of Death, { First (Primary),  
Second (Immediate), }

Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Forest

Date of Burial, March 27/88

{ Undertaker, Wm. Beards }

E. C. Gibbs M. D.

Medical Attendant.

{ Place of Business, 660 Orchard }

Address, 431 1/2 E. Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98889 Office of Registrar of Vital Statistics. Ward 2<sup>nd</sup>

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## CERTIFICATE OF DEATH.

Date of Death, March 15 '82

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } John Strobel

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 / Years, 1 / Months, — Days.

Color, Wh.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 2 yrs. 10 mo.

Place of Death, { Give Street and Number. } 823 (new) S. Talbot

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Tuberculosis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, March 26

Undertaker, H. Dippel

Place of Business, 151 S. Bond Address, 145 S. Baltimore

— M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98840 Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 "1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie Byrd

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age,                      Years, 3. Months,                      Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Battinore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1352. Clearland St

Cause of Death, { First (Primary), Second (Immediate), } Malnutrition

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Dub. Cem

Date of Burial, March 26 "1887

{ Undertaker, Geo. E Brown

{ Place of Business, City

James H. Steiner M. D.

Comm. of Health & Registrar Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

John E. Dunning Inspector



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98841 Office of Registrar of Vital Statistics.

Ward 15

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CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Dorsey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, 5 Days.

Color, Swedish

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 806 Rupert St

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Sharp S. S. Cemetery

Date of Burial, March 26 / 87

{ Undertaker, Scrull & Sons M. D.

Medical Attendant.

{ Place of Business, 178 West 5<sup>th</sup> Address,

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[OVER.]

H. C. Seward S. J.